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GOVERNOR

STATE OF MAINE
DEPARTMENT OF PUBLIC SAFETY
MAINE EMERGENCY MEDICAL SERVICES
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AUGUSTA, MAINE
04330

MICHAEL F. KELLY
COMMISSIONER

JAY BRADSHAW, EMT-P
DIRECTOR

Board of EMS Meeting
Maine EMS Conference Room
April 7, 1999
MINUTES

Members Present: J. McKenney (Chair), L. Bouchard (Chair-elect), R. Chagrasulis (ex-officio), C. Little, R. Doughty, W. Dunwoody, S. Leach, J. Defillip, S. Hayes, C. Pillsbury, P. DiPietrantonio, P. Stevens, W. Werts, D. Dane, O. Cassidy

Regional Coordinators: D. Carroll, J. Caron, B. Zito

Staff: J. Bradshaw, D. Corning, D. White, W. Montejo

Guests: Sue Wardwell (Meridian Mobil Health/LifeFlight of Maine), J. Getchell (China Rescue), M. Lang (Goodwins Mills Rescue)

1. Introductions

The above listed guests were welcomed by the Chair.

2. Minutes

Dr. Chagrasulis reported that she was at the last meeting, although her name was omitted from the attendance list.

MOTION: To approve the minutes of the March 3, 1999, Board meeting as revised. (Bouchard; second by Dunwoody). Carried.

3. Old Business

A. Strategic Planning Draft

J. Bradshaw asked the Board for comments and guidance with regard to the latest draft of the Strategic Plan. After discussion about the various options available for proceeding, the consensus of the Board was that the Operations Team will continue working on the Plan and draft the Action Items for the entire document and report back to the Board.

B. Unfinished Business

None at this time.

C. Other

None at this time.

4. New Business

A. LifeFlight of Maine Presentation

In response to the Board's request at its March meeting, Larry Hopperstead, MD, made a presentation on the activities and Quality Improvement activities of LifeFlight of Maine (LOM). The activity at both the Bangor and Lewiston locations has been steadily increasing, although both are slightly below original estimates due to the seasonal timing of the startup.

Dr. Hopperstead reported on the following: the types of issues that have surfaced as a result of reviewing the first 6 months of activity; the differences between the two sites and the changes that have been made to facilitate a faster launch time once a request is received; and the configuration differences of the helicopters as a result of the greater distances that the Bangor helicopter typically flies both before and after picking up a patient.

Overall, LOM seems to be on track with its original mission and has made a measurable difference in several cases of critically ill or injured patients.

The Board expressed its appreciation to Dr. Hopperstead and invited him to return for future updates.

B. Air Ambulance Protocols and Scope of Practice

J. Bradshaw reported that LOM had presented the MDPB with a draft of air ambulance protocols that were drafted by a number of physicians and were intended for use by flight nurses and flight paramedics when they were on an air ambulance mission. The protocol for nurses was approved by the MDPB in October 1998 at which time the MDPB requested that the Education Committee review the course material used to train paramedics for treatments and medications that were not included in the current paramedic training programs. The Education Committee approved the course material in February 1999.

A summary of the specific changes was included with the Board packets.

Discussion ensued to clarify that this change will apply to any air ambulance service provided they meet the same criteria as LOM, and to clarify that "air ambulance mission" means any mission that LOM is responding to, regardless of whether they are in the air or on the ground at the time the treatment is rendered.

MOTION: To approve the treatments included in the air ambulance protocols for use by paramedics who have completed the specific air ambulance training program that is on file at Maine EMS and who comply with the ongoing competency demonstrations as described by LifeFlight of Maine in their letter dated January 2, only when these providers are working in a flight nurse/flight paramedic team on an air ambulance mission. (Bouchard; second by Doughty). Carried 11/2 (Dunwoody, Dane).

C. Ops Team/Committee Action Items

Jay reported that the Ops Team met on Tuesday, March 2, but that there were no action items requiring Board action at this time.

D. Investigations Committee Action Items

None at this time; however, Dr. Little requested that more detail be included in the minutes to provide a greater understanding of how seemingly similar cases were actually different enough to warrant different actions.

E. Investigations Task Force Report

W. Werts reported that one issue which arose at this morning's meeting was about the perception of licensees regarding the difference between having adjudication handled by the Investigations Committee as opposed to the full Board. There was also discussion, but no conclusion, on the role of a Regional EMS Advocate to help with the process of going through an investigation. Next meeting will be Wednesday, May 5, 8:30-9:30 AM.

D. Legislation Update

Jay distributed copies of the EMS Legislative Summary. This Summary is updated as new information becomes available (typically weekly) and is distributed to interested persons via e-mail. This is also uploaded to the MEMS Web Page whenever an update is available.

E. Awards Committee

On behalf of the Committee, B. Dunwoody submitted the following names for consideration:

Governor's Award: Judith B. Tredwell; Lifetime Achievement Awards: Albert L. Hamor, Wayne D. Stearns, James A. Curtis, M.D.; Excellence in EMS Awards: Kathryn K. Suminsby, Bob & Donna Smith; EMS Merit Awards: Ann F. Bixby, Lois A. Libby, Julie A. Carr, Ruth Lyons, R.N., Gary F. York, Thomas C. Garland, M.D.

MOTION: To approve the list of award nominees submitted by the Awards Committee. (Stevens, second by Little) Unanimous.

Jay reported that the awards ceremony is tentatively set for Friday, May 21 @ 10:30 AM in the State House Hall of Flags. Both Gov. King and Commissioner Kelly are scheduled to participate.

F. Other

None at this time.

5. Staff Report

A. Activities

J. Bradshaw reported that Paula Nadeau will be on maternity leave beginning April 28. She will likely return in early July. Arrangements are being made to have temporary help on a 3/4 time basis while Paula is on leave. Jay also reported that he will be on vacation the week of April 19-23.

D. Corning reported on the meeting he attended in Pittsburgh on the new EMT-I and P curricula. The new EMT-I curriculum (which should be finalized by the end of May) is a skills-based curriculum which was extracted from the Paramedic curriculum and is designed to provide advanced knowledge and skills. By comparison, the Paramedic curriculum (which has been finalized) is designed to provide comprehensive knowledge and skills. The EMT-I program is designed to teach students to know *what* do, but they may not understand *why* they do it.

Based on just skills alone, it will be difficult to differentiate between an EMT-I and an EMT-P.

With regard to the Paramedic program, there are no expanded skills in the new curriculum. The curriculum is knowledge based, designed to teach comprehensive knowledge and skills - and to allow the Paramedic to think "outside the box." It is believed by many that there is nothing added to the curriculum that today's experienced paramedics would not already know. The course will require a course in Anatomy & Physiology which if not done as a prerequisite can be done with the program either front-loaded or sprinkled throughout the curriculum.

Total course time for new EMT-I: ~300-400 hours, for new EMT-P: ~1,000-1,200 hours.

The Education Committee has set up a work group to take a more in-depth look at these curricula and will make recommendations regarding what MEMS should do about what, if any, changes should be considered for MEMS programs.

The National Registry will not have the new tests available for these curricula until at least December 2000.

B. MDPB

Dr. Chagrasulis reported on the status of the latest Protocol revision which is scheduled for final MDPB approval in May. Also in May there will be an extended discussion on a definition of "Online Medical Control" and Medical Control training.

C. Other

None at this time

6. Other

None at this time

Meeting adjourned 11:55 AM.